

Access+ HMO[®] Plan 15

Benefit Summary

(Uniform Health Plan Benefits and Coverage Matrix)

Highlights: \$10/\$25/\$45 prescription drug coverage

Effective July 1, 2006

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND THE GROUP HEALTH SERVICE AGREEMENT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

DEDUCTIBLES

Calendar-year medical deductible

None

Calendar-year copayment maximum[#] (For many covered services)

\$1,500 per individual/\$3,000 per family

LIFETIME MAXIMUMS

None

Covered Services

Member Copayment

PROFESSIONAL SERVICES

Physician services – outpatient

- Physician and authorized specialist office visits
Note: A woman may self-refer to an OB/GYN or family practice physician in her Personal Physician's medical group or IPA for OB/GYN services.
- Allergy testing

\$15/visit

\$15/visit

Access+ SpecialistSM (Self-referred office visits and consultations only)^{1,#}

\$30/visit

Laboratory, X-ray and diagnostic tests

No charge

Preventive care

- Routine physical exam, eye/ear screenings and immunizations according to age schedule
Note: A woman may self-refer to an OB/GYN or family practice physician in her Personal Physician's medical group or IPA.

No charge

OUTPATIENT SERVICES

Non-emergency

- Outpatient surgery in hospital/facility
- Outpatient treatment (except as described under "Rehabilitative therapy services"), and necessary supplies

\$150/surgery

No charge

HOSPITALIZATION SERVICES

- Inpatient physician services, including pregnancy and maternity care
- Semi-private room and board, medically necessary services and supplies
- Skilled nursing facility (SNF) services²

No charge

\$300/admission

\$100/day

EMERGENCY HEALTH COVERAGE

\$75/visit

(Waived if the member is directly admitted to the hospital for inpatient services)

AMBULANCE SERVICES

\$50

PRESCRIPTION DRUG COVERAGE^{3,4}

(Includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)

Participating Pharmacy
(For up to a 30-day supply)[#]

Mail Service Prescriptions
(For up to a 90-day supply)[#]

- Generic drugs
- Formulary brand-name drugs
- Non-Formulary brand-name drugs
- Home self-administered injectable drugs
(May require prior authorization from Blue Shield Pharmacy Services)

\$10/prescription	\$20/prescription
\$25/prescription	\$50/prescription
\$45/prescription	\$90/prescription
20% of allowed charges (up to \$100 copayment maximum per prescription) ³	Not covered

DURABLE MEDICAL EQUIPMENT[#]

- Home medical equipment, prosthetics/orthotics, oxygen, colostomy/ostomy supplies

50% of allowed charges
(Plan payment up to \$2,000 max. per calendar-year)

MENTAL HEALTH SERVICES (PSYCHIATRIC)⁵

- Inpatient hospital facility services
- Outpatient visits for severe mental health conditions
- Outpatient visits for non-severe mental health conditions[#]
(Up to 20 visits per calendar year combined with outpatient chemical dependency visits)

\$300/admission
\$15/visit
\$25/visit

Covered Services

Member Copayment

CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)⁵

Please See Footnote 8

- Inpatient services for medical acute detoxification \$300/admission
- Outpatient visits[#] (Up to 20 visits per calendar year combined with outpatient non-severe mental health visits) \$25/visit

HOME HEALTH SERVICES

- Agency visits (Up to 100 visits per calendar year) \$15/visit
- Medical supplies/IV solutions No charge
(For home self-administered injectable drugs, see "Prescription Drug Coverage.")

OTHER

Hospice

- Routine home care and inpatient respite care No charge
- 24 hour continuous home care and general inpatient care \$100/day

Pregnancy and maternity care

- Prenatal and postnatal professional (physician) services No charge
(For all necessary inpatient hospital services, see "Hospitalization Services.")

Family planning and infertility services

- Family planning counseling \$15/visit
- Diagnosis and treatment of causes of infertility 50% of allowed charges
(Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT)
- Tubal ligation^{6,7} and elective abortion⁷ \$100
- Vasectomy⁷ \$75

Rehabilitative therapy services

- Outpatient visits \$15/visit
(Copayment applies to all place of services, including professional and facility settings)

Urgent care outside service area (BlueCard[®] Program)

\$50/visit

Diabetes care

- Equipment, devices and non-testing supplies[#] 50% of allowed charges
(For testing supplies, see "Prescription Drug Coverage.")
- Self-management training and education \$15/visit

Optional benefits[#] Optional dental, vision, chiropractic, chiropractic and acupuncture, or infertility benefit is available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

Copayments marked with a (#) do not accrue to the calendar-year copayment maximum. Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the *Evidence of Coverage* and the *Group Health Service Agreement* for exact terms and conditions of coverage.

1 To use this option, members must select a Personal Physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ *Specialist* feature. Members should then select a specialist within that medical group or IPA. Access+ *Specialist* visits for mental health or substance abuse services must be provided by a MHSA network participating provider. Access+ *Specialist* visits for mental health services for non-severe mental illness, or non-serious emotional disturbances of a child or substance abuse will accrue toward the 20 visit per calendar year maximum.

2 Skilled nursing services are limited to 100 days during a calendar year except when received through a hospice program provided by a participating hospice agency. This 100-day maximum on skilled nursing services is a combined maximum between SNF in a hospital unit and skilled nursing facilities.

3 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment. Home self-administered injectable drugs are covered only when dispensed by select participating pharmacies in the Specialty Pharmacy Network. Drugs from non-participating pharmacies are not covered except in emergency and urgent situations. Please note that if you switch to another Blue Shield of California or Blue Shield of California Life & Health Insurance Company plan, your prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to your new plan.

4 This plan's prescription drug coverage is, on average, equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called "creditable" coverage).

5 Mental health and chemical dependency services, other than medical acute detoxification, are accessed through the mental health services administrator (MHSA) – U.S. Behavioral Health Plan, California (USBHPC) – using MHSA participating providers. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield HMO providers. For a listing of severe mental illnesses, including serious emotional disturbances of a child, and other benefit details, please refer to the *Evidence of Coverage* or plan contract.

6 Copayment waived when procedure is performed in conjunction with delivery or abdominal surgery.

7 Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply.

8 **Optional inpatient substance abuse treatment benefits are available. If your employer purchased these benefits, a description of the benefit is attached hereto as "Additional Substance Abuse Treatment Benefits."**

Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation.

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